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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	13/073
First Named Inventor	Yoakim, Christiane
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Inhibitors of Papilloma Virus

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/256,706	December 18, 2000	<input type="checkbox"/>

[Page 1 of 2]

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629	Louise G. Bernier	38,791

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

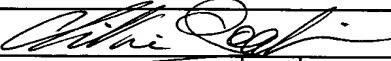
Direct all correspondence to: Customer Number OR Correspondence address below

Name	Robert P. Raymond				
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Address	900 Ridgebury Road, PO Box 368				
City	Ridgefield	State	CT	ZIP	06877
Country	USA	Telephone	203-798-9988		Fax 203-798-4408

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname
Christiane	Yoakim

Inventor's Signature						Date	Dec 10/01
Residence: City	Laval	State	Que.	Country	Canada	Citizenship	CA
Post Office Address	2100 Cunard						
Post Office Address							
City	Laval	State	Que.	ZIP	H7S 2G5	Country	Canada

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
				Page <u>1</u> of <u>2</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Bruno				Haché			
Inventor's Signature	<i>Bruno Haché</i>				Date	Dec 16/01	
Residence: City	Prévost	State	Que.	Country	Canada	Citizenship	CA
Post Office Address	2100 Cunard Street						
Post Office Address							
City	Laval	State	Que.	ZIP	H7S 2G5	Country	Canada
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
William W.				Ogilvie			
Inventor's Signature	<i>Bill</i>				Date	Dec 16/01	
Residence: City	Ottawa	State	Ont.	Country	Canada	Citizenship	CA
Post Office Address	1999 Woodglen Crescent						
Post Office Address							
City	Ottawa	State	Ont.	ZIP	K1J 6G7	Country	Canada
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jeffrey				O'Meara			
Inventor's Signature	<i>Jeffrey</i>				Date	Dec 16/01	
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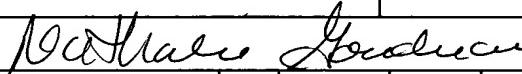
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Peter			White				
Inventor's Signature						Date	Dec 10 01
Residence: City	Montreal	State	Que.	Country	Canada	Citizenship	CA
Post Office Address	2100 Cunard Street						
Post Office Address							
City	Laval	State	Que.	ZIP	H7S 2G5	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Nathalie			Goudreau				
Inventor's Signature						Date	Dec 10 01
Residence: City	Mont-Royal	State	Que.	Country	Canada	Citizenship	CA
Post Office Address	2100 Cunard Street						
Post Office Address							
City	Laval	State	Que.	ZIP	H7S 2G5	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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